CLAIMS ONLY

Application Number	Filing Date
16/607882	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
~~1~~							51						
~~2~~							52						
~~3~~							53						
~~4~~							54						
~~5~~							55						
~~6~~							56						
~~7~~							57						
~~8~~							58						
~~9~~							59						
~~10~~							60						
~~11~~							61						
12	1						62						
13		1					63						
~~14~~							64						
~~15~~							65						
~~16~~							66						
17		1					67						
~~18~~							68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27	1						77						
28							78						
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32							82						
33							83						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	9						Total Depend						
Total Claims	12						Total Claims						